

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035371

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 388

Primary Registration District No. 3039

Registrar's No. 191

FILED SEP 25 1962

VS 300
Rev. 4/59

1 0580

2 0610

3 1

4 0

5 1

6 0

7 0

8 0

9 X

10 0

11 058

12 91-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Marceline Twp.

Length of stay in lb
10 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Macon

c. CITY OR TOWN Marceline (Rural)

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION E. of Highway 5, Route 2

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
8 miles S.W. of New Cambria

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

William Leslie Frazier

4. DATE OF DEATH

Month September Day 11 Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

10/29/12

9. AGE (last birthday)

49 yrs.

IF UNDER 1 YEAR

Months 10 Days 12

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY
Own farm.

11. BIRTHPLACE (City and state or country)
Callao, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Thos. Jefferson Frazier

13b. MOTHER'S MAIDEN NAME

Stella Ferguson

14. NAME OF HUSBAND OR WIFE

Charlene C. Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Leslie Frazier, Bucklin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Convulsion and hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
Approx. 15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Auto Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

Previous Skull Fracture & Depression about 3 yrs ago.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to Aug. 1962 and last saw him alive on about Aug. 21, 1962
Death occurred at approximately 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

Marceline Missouri

22c. DATE SIGNED

9-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/14/62

23c. NAME OF CEMETERY OR CREMATORY

New Cambria Cemetery

23d. LOCATION (City, town, or county)

New Cambria, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H. E. Gilleland New Cambria Mo.

25. DATE RECD. BY LOCAL REG.

9/13/62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. J. Lilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.